Final registration deadline – Friday, September 7 at 5:00 PM.



# PARD ADULT SOFTBALL



fall 2012

REGISTRATION PROCEDURES ARE AS FOLLOWS. ALL FORMS — Including the Team Registration Form, Coaches Agreement, and the Roster/Waiver Form — MUST BE COMPLETED AND TURNED IN WITH FULL PAYMENT TO THE PARD OFFICE (130 E. Timpson St.) AT THE TIME OF REGISTRATION. Forms will not be accepted if they are turned in to another City office. All registration packets, including any forms that are faxed or mailed, must be received by PARD by 5:00 pm on Friday, September 7, 2012.

PLEASE NOTE: ALL team names must be approved by PARD staff. No team names will be allowed that imply profanity, sexual innuendos, or questionable / vulgar /suggestive material.

PARD WILL HAVE THE FINAL SAY ON WHETHER A TEAM NAME IS ALLOWED OR NOT.

## EARLY REGISTRATION

July 16—August 3 Fee: \$325

### REGULAR REGISTRATION

August 6-24 Fee: \$340

## LATE REGISTRATION

August 27—September 7

Fee: \$375

### Dates to Remember

Sept. 13: Coaches Meeting, 6 pm

Broughton Rec Center

801 MLK Blvd.

Sept. 17: Season Begins

Oct. 5: Last day to add a player

## **LEAGUES OFFERED**

Men's Open, Men's Church, Industrial, Coed, Church Coed, Youth Church Coed (for ages 14-18), Women's Open, and Men's 35 & Over

No teams will be allowed to register and there will be no schedule changes after Friday, September 7.

TEAMS MUST SUBMITT ALL COMPLETED PAPERWORK AT THE TIME OF REGISTRATION. NO EXCEPTIONS.

# NO REFUNDS!

City of Longview Parks & Recreation Location: 130 E. Timpson St. Mailing Address: PO Box 1952, Longview, TX 75606 Athletic Office 903-237-1268 Fax Number 903-237-1389 www.parks.longviewtexas.gov





# CITY OF LONGVIEW PARKS AND RECREATION ADULT TEAM REGISTRATION FORM

\*NOTE: ALL team names must be approved by PARD. NO questionable or suggestive names will be allowed.

TEAM NAME:							
FORMER TEAM NAME	E (if applicable):						
PRIMARY COACH:							
ADDRESS:							
CITY:	STAT	ΓE:	ZIP:				
DAYTIME PHONE NU	DAYTIME PHONE NUMBERS CELL: WORK:						
HOME PHONE:							
E-MAIL (REQUIRED):							
*NOTE: Make-up/	rainout schedules will no longer b	oe mailed to coaches, <u>the</u>	ey will be EMAILED ONLY!!				
SPORT:  SOFTBALL (SB)  BASKETBALL (BB)  FLAG FOOTBALL (FFB)  KICKBALL (KB)	LEAGUE:  MEN'S OPEN (SB, BB, FFB)  MEN'S IND. (SB, BB)  MEN'S CHURCH (SB, BB)  MEN'S 35 & OVER (SB ONLY)  YTH CHURCH COED (SB, KB)  CHURCH COED (SB ONLY)  COED (SB, KB)  WOMEN'S OPEN (SB ONLY)	check the division the team last played in.  DIV 1 DIV 2 DIV 3 DIV 4 DIV 5 DIV 6 NEW TEAM	REQUESTED DIVISION: check the division the team is requesting.  DIV 1 DIV 2 DIV 3 DIV 4 DIV 5 DIV 5 DIV 6 NEW TEAM				
SEASON:	SPRING SUMMER	✓ FALL	WINTER				
SPECIAL REQUESTS	- NO GUARANTEES!						
*	HE ABOVE NAMED TEAM, AND O THE RULES SET FORTH BY						
COACH / CHURCH PA	ASTOR / PERSONNEL MANAGER	SIGNATURE	DATE				
	IT: CHECK # DATE OF						
OFFICE USE ONLY	TOTAL FEE:	DATE: _					

ALL REGISTRATION PACKETS (INCLUDING TEAM REGISTRATION FORM, COACHES AGREEMENT, AND COMPLETED ROSTER/WAVIER) MUST BE SUBMITTED WITH FULL PAYMENT AT THE PARD OFFICE (130 E. Timpson St.) AT THE TIME OF REGISTRATION. FORMS WILL NOT BE ACCEPTED IF THEY ARE SUBMITTED TO ANOTHER CITY OFFICE. ALL REGISTRATION PACKETS, INCLUDING ANY FORMS THAT ARE MAILED OR FAXED, MUST BE RECEIVED BY PARD BY 5:00 ON FRIDAY, SEPTEMBER 7, 2012.



### PARKS AND RECREATION - 2012 FALL SOFTBALL ROSTER / WAIVER FORM

	Team Name	League Requested Division	n Primary Coach		Phone
	Print Player's Name	Player's Signature (Parent's if under 18)	Street Adress	Zip	Phone(s)
1					
2					
3					
4		<u> </u>			
5					
6	**	OCAL			
7	N	UST			
8	COMPLE	3 BE SICA	1911 hall s	\	
9	MUSTRALE	I E FOOD SIVED RY	VOICE SILVE		
10	" DE SU	DAGONIVI WITH	EVERYD	100	
11		DIVIII I LED ATITAL	LL SION (LA)	ED	
12			THE THE		
13		- Ulling	1 ME OF DO		VIII N
14			KFC	ISTO	All O
15				" I IKA	<del>VIIONI</del>
16					- V V 0
17					
18					
19					
20					

#### MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED BELOW.

I am a member of the above named team and, as a participant, will abide by all the rules, regulations and policies set forth by the City of Longview Parks and Recreation Department. I understand participation in athletic activities may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I hereby for myself, my heirs, executors and administrators agree to indemnify and hold the City of Longview Parks and Recreation Department and its employees, representatives, successors and assigns harmless from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian. THIS WAIVER MUST BE SIGNED BY EVERY PLAYER ON THE TEAM (OR THEIR PARENT/GUARDIAN). COMPLETE FORM WITH ALL SIGNATURES AND INFO MUST BE SUBMITTED AT THE TIME OF REGISTRATION. ALL REGISTRATION PACKETS, INCLUDING ANY MAILED OR FAXED FORMS, MUST BE RECEIVED BY FRIDAY, SEPTEMBER 7, 2012.

Coach's Signature Verifying AUTHEN	ITICITY of Signatures:	Date:

# Coaches' Agreement

As coach of my athletic team, I hereby assume responsibility for the actions of the players on my team. I understand that the City of Longview PARD has adopted a **ZERO TOLERANCE** policy regarding unsportsmanlike behavior conducted before, during, or after games. I acknowledge that it is my responsibility to relate to all team members that the City of Longview PARD will not tolerate actions such as fighting, profanity, trash-talking, verbal abuse, or any other behavior detrimental to the sport.

# I UNDERSTAND THAT <u>NO ALCOHOLIC BEVERAGES ARE ALLOWED IN LONGVIEW PARKS OR THE PARKING LOT AREA</u> AT ANY TIME.

My signature indicates that I have read and understand these policies.				
Signature				
Printed Name				
Team				
League  CITY OF LONGVIEW PARKS AND RECREATION Date				